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04-13-07

TRANSMITTAL
FORM

(to be used for all correspondence after initial filing)

| | | | |
|--|--|------------------------|---------------------------|
| | | Application Number | 10/689,258 |
| | | Filing Date | 10/20/2003 |
| | | First Named Inventor | Daniel E. Resasco, et al. |
| | | Art Unit | 1754 |
| | | Examiner Name | Stuart L. Hendrickson |
| Total Number of Pages in This Submission | | Attorney Docket Number | 5820.640 |

| ENCLOSURES (Check all that apply) | | | |
|---|--|---|--|
| <input checked="" type="checkbox"/> Fee Transmittal Form <input type="checkbox"/> Fee Attached | <input type="checkbox"/> Drawing(s) <input type="checkbox"/> Licensing-related Papers | <input type="checkbox"/> After Allowance Communication to TC <input type="checkbox"/> Appeal Communication to Board of Appeals and Interferences <input type="checkbox"/> Appeal Communication to TC (Appeal Notice, Brief, Reply Brief) <input type="checkbox"/> Proprietary Information <input type="checkbox"/> Status Letter <input checked="" type="checkbox"/> Other Enclosure(s) (please Identify below): | |
| <input checked="" type="checkbox"/> Amendment/Reply <input type="checkbox"/> After Final <input type="checkbox"/> Affidavits/declaration(s) | <input type="checkbox"/> Petition <input type="checkbox"/> Petition to Convert to a Provisional Application <input type="checkbox"/> Power of Attorney, Revocation of POA, Change of Correspondence Address <input type="checkbox"/> Terminal Disclaimer <input type="checkbox"/> Request for Refund <input type="checkbox"/> CD, Number of CD(s) _____ <input type="checkbox"/> Landscape Table on CD | | |
| <input type="checkbox"/> Extension of Time Request <input type="checkbox"/> Express Abandonment Request <input checked="" type="checkbox"/> Information Disclosure Statement <input type="checkbox"/> Certified Copy of Priority Document(s) <input type="checkbox"/> Reply to Missing Parts/ Incomplete Application <input type="checkbox"/> Reply to Missing Parts under 37 CFR 1.52 or 1.53 | <p>Remarks</p> <p>1. Transmittal (1 page); 2. Fee Transmittal (1 page); 3. Patent Application Fee Determination Record (1 page); 4. Credit Card Payment Form (1 page); 5. Amendment and Response (10 pages); 6. Copy of Fourth Supplemental Information Disclosure Statement (3 pages); 7. Copy of Form 1449 (1 page) with copies of cited references; and 8. Return receipt postcard.</p> | | |

SIGNATURE OF APPLICANT, ATTORNEY, OR AGENT

| | | | |
|--------------|--------------------------------|----------|--------|
| Firm Name | DUNLAP, CODDING & ROGERS, P.C. | | |
| Signature | | | |
| Printed name | Christopher W. Corbett | | |
| Date | April 12, 2007 | Reg. No. | 36,109 |

CERTIFICATE OF TRANSMISSION/MAILING

I hereby certify that this correspondence is being facsimile transmitted to the USPTO or deposited with the United States Postal Service with sufficient postage as first class mail in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450 on the date shown below: *** SENT BY EXPRESS MAIL, DATED April 12, 2007***

| | | | |
|-----------------------|------------------------|------|----------------|
| Signature | | | |
| Typed or printed name | Christopher W. Corbett | Date | April 12, 2007 |

This collection of information is required by 37 CFR 1.5. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.11 and 1.14. This collection is estimated to 2 hours to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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APR 12 2007

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Effective on 12/08/2004.

Fees pursuant to the Consolidated Appropriations Act, 2005 (H.R. 4818).

FEE TRANSMITTAL For FY 2007

Applicant claims small entity status. See 37 CFR 1.27

TOTAL AMOUNT OF PAYMENT (\$)**180.00**

| Complete if Known | |
|--------------------------|---------------------------|
| Application Number | 10/689,258 |
| Filing Date | 10/20/2003 |
| First Named Inventor | Daniel E. Resasco, et al. |
| Examiner Name | Stuart L. Hendrickson |
| Art Unit | 1754 |
| Attorney Docket No. | 5820.640 |

METHOD OF PAYMENT (check all that apply)

Check Credit Card Money Order None Other (please identify): _____

Deposit Account Deposit Account Number: _____ Deposit Account Name: _____

For the above-identified deposit account, the Director is hereby authorized to: (check all that apply)

| | |
|---|---|
| <input type="checkbox"/> Charge fee(s) indicated below | <input type="checkbox"/> Charge fee(s) indicated below, except for the filing fee |
| <input type="checkbox"/> Charge any additional fee(s) or underpayments of fee(s) under 37 CFR 1.16 and 1.17 | <input type="checkbox"/> Credit any overpayments |

WARNING: Information on this form may become public. Credit card information should not be included on this form. Provide credit card information and authorization on PTO-2038.

FEE CALCULATION**1. BASIC FILING, SEARCH, AND EXAMINATION FEES**

| Application Type | FILING FEES | | SEARCH FEES | | EXAMINATION FEES | | Fees Paid (\$) |
|-------------------------|--------------------|------------------------------|--------------------|------------------------------|-------------------------|------------------------------|-----------------------|
| | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | Fee (\$) | Small Entity Fee (\$) | |
| Utility | 300 | 150 | 500 | 250 | 200 | 100 | _____ |
| Design | 200 | 100 | 100 | 50 | 130 | 65 | _____ |
| Plant | 200 | 100 | 300 | 150 | 160 | 80 | _____ |
| Reissue | 300 | 150 | 500 | 250 | 600 | 300 | _____ |
| Provisional | 200 | 100 | 0 | 0 | 0 | 0 | _____ |

2. EXCESS CLAIM FEESFee Description

Each claim over 20 (including Reissues)

Each independent claim over 3 (including Reissues)

Multiple dependent claims

Small EntityFee (\$)

50 25

200 100

360 180

Total ClaimsExtra ClaimsFee (\$)Fee Paid (\$)Multiple Dependent ClaimsFee (\$)Fee Paid (\$)- 20 or HP = 0 x = 0

HP = highest number of total claims paid for, if greater than 20.

Indep. ClaimsExtra ClaimsFee (\$)Fee Paid (\$)- 3 or HP = 0 x = 0

HP = highest number of independent claims paid for, if greater than 3.

3. APPLICATION SIZE FEE

If the specification and drawings exceed 100 sheets of paper (excluding electronically filed sequence or computer listings under 37 CFR 1.52(e)), the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s).

| | | | |
|---------------------|---------------------|---|-----------------|
| <u>Total Sheets</u> | <u>Extra Sheets</u> | <u>Number of each additional 50 or fraction thereof</u> | <u>Fee (\$)</u> |
|---------------------|---------------------|---|-----------------|

| | | | |
|----------------|----------|---------------|----------|
| <u>- 100 =</u> | <u>0</u> | <u>/ 50 =</u> | <u>1</u> |
|----------------|----------|---------------|----------|

(round up to a whole number) x _____ = 0Fees Paid (\$)**4. OTHER FEE(S)**

Non-English Specification, \$130 fee (no small entity discount)

Other (e.g., late filing surcharge): _____

Submission of IDS180.00**SUBMITTED BY**

Signature

Registration No.
(Attorney/Agent)

36,109

Telephone 405-607-8600

Name (Print/Type)

Christopher W. Corbett

Date April 12, 2007

This collection of information is required by 37 CFR 1.136. The information is required to obtain or retain a benefit by the public which is to file (and by the USPTO to process) an application. Confidentiality is governed by 35 U.S.C. 122 and 37 CFR 1.14. This collection is estimated to take 30 minutes to complete, including gathering, preparing, and submitting the completed application form to the USPTO. Time will vary depending upon the individual case. Any comments on the amount of time you require to complete this form and/or suggestions for reducing this burden, should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, U.S. Department of Commerce, P.O. Box 1450, Alexandria, VA 22313-1450. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450.

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PATENT APPLICATION FEE DETERMINATION RECORD

Substitute for Form PTO-875

Application or Docket Number

5820.640

APPLICATION AS FILED – PART I

(Column 1)

(Column 2)

| FOR | NUMBER FILED | NUMBER EXTRA |
|---|---|--------------|
| BASIC FEE (37 CFR 1.16(a), (b), or (c)) | N/A | N/A |
| SEARCH FEE (37 CFR 1.16(k), (l), or (m)) | N/A | N/A |
| EXAMINATION FEE (37 CFR 1.16(o), (p), or (q)) | N/A | N/A |
| TOTAL CLAIMS (37 CFR 1.16(j)) | 0 minus 20 = | 0 0 |
| INDEPENDENT CLAIMS (37 CFR 1.16(h)) | 0 minus 3 = | 0 0 |
| APPLICATION SIZE FEE (37 CFR 1.16(s)) | If the specification and drawings exceed 100 sheets of paper, the application size fee due is \$250 (\$125 for small entity) for each additional 50 sheets or fraction thereof. See 35 U.S.C. 41(a)(1)(G) and 37 CFR 1.16(s). | |
| MULTIPLE DEPENDENT CLAIM PRESENT (37 CFR 1.16(j)) | | |

* If the difference in column 1 is less than zero, enter "0" in column 2.

APPLICATION AS AMENDED – PART II

(Column 1)

(Column 2)

(Column 3)

| AMENDMENT A | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| | | | ** | = |
| Total (37 CFR 1.16(i)) | * | Minus | ** | = |
| Independent (37 CFR 1.16(h)) | * | Minus | *** | = |
| Application Size Fee (37 CFR 1.16(s)) | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE (\$) | FEES (\$) | RATE (\$) | FEES (\$) |
|-----------|-----------|-----------|-----------|
| N/A | | N/A | |
| N/A | | N/A | |
| N/A | | N/A | |
| x 25 = | 0 | x 50 = | 0 |
| x 100 = | 0 | x 200 = | 0 |
| 125 | 0 | 250 | 0 |
| N/A | | N/A | |
| TOTAL | 0 | TOTAL | 0 |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| | | | ** | = |
| Total (37 CFR 1.16(i)) | * 24 | Minus | ** 27 | = 0 |
| Independent (37 CFR 1.16(h)) | * 3 | Minus | *** 3 | = 0 |
| Application Size Fee (37 CFR 1.16(s)) | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | |

SMALL ENTITY

OR

OTHER THAN SMALL ENTITY

| RATE (\$) | ADDITIONAL FEE (\$) | RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|-----------------|---------------------|
| x 25 = | 0 | x 50 = | 0 |
| x 100 = | 0 | x 200 = | 0 |
| 125 | 0 | 250 | 0 |
| N/A | | N/A | |
| TOTAL ADD'L FEE | 0 | TOTAL ADD'L FEE | 0 |

| AMENDMENT B | CLAIMS REMAINING AFTER AMENDMENT | Minus | HIGHEST NUMBER PREVIOUSLY PAID FOR | PRESENT EXTRA |
|---|----------------------------------|-------|------------------------------------|---------------|
| | | | ** | = |
| Total (37 CFR 1.16(i)) | * 24 | Minus | ** 27 | = 0 |
| Independent (37 CFR 1.16(h)) | * 3 | Minus | *** 3 | = 0 |
| Application Size Fee (37 CFR 1.16(s)) | | | | |
| FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(j)) | | | | |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| x 25 = | 0 |
| x 100 = | 0 |
| 125 | 0 |
| N/A | |
| TOTAL ADD'L FEE | 0 |

| RATE (\$) | ADDITIONAL FEE (\$) |
|-----------------|---------------------|
| x 50 = | 0 |
| x 200 = | 0 |
| 250 | 0 |
| N/A | |
| TOTAL ADD'L FEE | 0 |

* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.

** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

*** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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